

ACTS TRANSFER AUTHORIZATION TO SACT**Section A — Personal Information**

Your name: _____ Social Security Number: _____

Address: _____ Telephone No.: (Home): () _____

(Work): () _____

Pension Fund: _____ Membership Number: _____

Please provide your employer's name: _____

Are you still employed at this institution? ☐ Yes ☐ No**Section B — Current Carrier Information****ACTS carrier from which you will be transferring funds:**

Carrier Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Account Name(s) and/or Number(s): _____

Section C — Amount of Transfer**Please indicate the amount that you will be transferring to SACT:**☐ Total amount in my account(s)OR ☐ \$ _____ (specific dollar amount)OR ☐ _____ % (specific percentage of account)**Section D — IRS Qualification****What type of fund are you transferring to SACT:**☐ IRA ☐ 403(b)(7) ☐ 401(k)☐ 403(b) ☐ 401(a) ☐ 414(h)☐ Other (please describe) _____**Note: If you do not know the type of fund, please contact your current carrier for this information.****Section E — Authorization**

I hereby authorize the carrier named in Section B above, to transfer the amount stated in Section C above, to my account with the Supplemental Annuity Collective Trust of NJ (SACT). I authorize the former carrier to provide to SACT any information that may be needed in conjunction with this transfer. I authorize SACT to contact my former carrier on my behalf to arrange the transfer of these funds.

YOUR SIGNATURE _____ DATE _____

INSTRUCTIONS FOR COMPLETING THE ACTS TRANSFER AUTHORIZATION TO SACT

Participant —

If you have not already done so, complete an Enrollment Request, and Salary Reduction Agreement to enroll in the Supplemental Annuity Collective Trust of NJ (SACT). After your account with the SACT has been established, complete this form and return it to:

Supplemental Annuity Collective Trust of NJ
Division of Pensions & Benefits
PO Box 295
Trenton, NJ 08625-0295

It is your responsibility to contact your former carrier for any additional procedures to activate the transfer of funds to the SACT.

Former Carrier —

Make the transfer check payable to:

Supplemental Annuity Collective Trust of NJ
FBO participant name, participant social security number

Forward the transfer check to:

Supplemental Annuity Collective Trust of NJ
Division of Pensions & Benefits
PO Box 295
Trenton, NJ 08625-0295

The check may be returned with this form or separately to this address.

If you have any questions, please contact the Trust's office at (609)633-2031.